

**STATE OF TEXAS
PURCHASE ORDER**

1. Agency Name & No. TEXAS STATE LIBRARY & ARCHIVES COMMISSION 306 Tax Exempt agency of the Texas State Government	4. Purchase Order No. 306-16-8325	12. HUB: N/A	13. Order Type: Service
	5. PCC	14. Vendor Identification No: 12373972871-016	
2. Agency Billing Address **ACCOUNTING DEPARTMENT** Texas State Library & Archives Commission PO Box 12516 Austin, TX 78711-2516 Email invoices to: AP@tsl.texas.gov Phone: (512) 463-5473; Fax: (512) 475-0185	6. Current Document No. DT-9	15. Vendor Address: The University of Texas at Austin, Testing and Evaluations Services PO Box 7700 Austin, TX 787112516	
	7. Document (order) amt \$240.00	16. Vendor Contact Info: www.utexas.edu/ce/k16/additional-services/testing-center/ Phone: (512) 471-0222 Fax: (512) 475-7933 Email: testingcenter@austin.utexas.edu	
3. Destination of goods or service FOB Destination Receiving Dock, Room G-007 Texas State Library & Archives Commission 1201 Brazos Street Austin, TX 78701	8. REF DOC	9. Service Period or Expected Delivery Date: 4/8/2016	
	10. Agency Contact: Pam Rodriguez Email: prodiguez@tsl.texas.gov		Phone: (512) 463-3037 Fax: (512) 475-3393
	11. TSLAC Project Contact: Email:		Phone:

17. Description

Certified Contract Management Certification examination for the following staff:

ACCOUNTING NOTE: Please send a copy of the PO and the application with payment. Thanks!

Applicants will be notified by Testing and Evaluations Center when their application and payment have been processed. If applicants fails to receive email confirmation, Testing Center may be contacted to confirm.

18. SFX	INDEX	AY	COBJ	AOBJ	AMOUNT	INVOICE NO.
001	17112	16	7210	7104	\$120.00	

19. Line No	20. Goods & Service	21. NIGP Code	22. Qty	23. Units	24. Unit Price	25. Extended Amt
1.	CTCM Certification Exam for Danielle Plumer	924-20	1	Each	\$120.00	\$120.00

Grant Number: LS-00-15-0044-15 – FFY 2015 | CFDA: 45.310 – Grants to States | Institute of Museum and Library Services

18. SFX	INDEX	AY	COBJ	AOBJ	AMOUNT	INVOICE NO.
002	17941	16	7210	7104	\$120.00	

19. Line No	20. Goods & Service	21. NIGP Code	22. Qty	23. Units	24. Unit Price	25. Extended Amt
2.	CTCM Certification Exam for Ann Griffith	924-20	1	Each	\$120.00	\$120.00

PRE-PAYMENT REQUIRED


Grand Total \$240.00

26. Legal Cites: Interagency Cooperation Act as defined in the Texas Government Code, Title 7, Chapter 771

27. Division Tracking Number: LDN 16-127

Per Texas Tax Code 151.309, the Texas State Library and Archives Commission is a tax-exempt agency.
If you need further proof of this, please contact the Agency Contact in box #10.

Confirmation of receipt is required, please sign box #29 and return signed PO via email: purchasing@tsl.texas.gov or fax: (512) 475-3393.

28. Approval Signature 	Date 2/8/2016	29. Vendor Signature	Date
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Comptroller of Public Accounts – Training and Certification Program (TCP)

Certification Testing Application

Exam must be taken within 60 days of enrollment. Exams are nonrefundable and nontransferable.

▶ PERSONAL INFORMATION (PLEASE PRINT IN INK.)

997891	06/02/1968	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Affiliation Code	Birth Date	Check One
Name: PLUMER DANIELLE C.		
Last	First	MI
Address: 120 RIVER ROAD		
Street	Apt #	
GEORGETOWN TX	78628	
City	State	ZIP
Phone: (512) 463-5433		
Primary	Secondary	
Email: dplumer@tst.state.tx.us		

▶ EXAM REQUEST (CHECK ONE.)

- ☐ CTP - Certified TX Purchaser
- ☐ CTPM - Certified TX Procurement Manager
- ☒ CTCM - Certified TX Contract Manager

▶ EXAM REQUEST: TEXAS PORTION ONLY (SEE REQUIREMENTS ON RIGHT.)

- ☐ CTPT - Certified TX Purchaser: Texas Portion Only
- ☐ CTPMT - Certified TX Procurement Manager: Texas Portion Only

▶ TESTING LOCATION (CHECK ONE.)

- ☒ **K-16 Testing Center**
 Located at 2901 North I-35, Suite 1.400, Austin, TX 78722. Government issued Photo IDs are required. No appointments are necessary. Testing hours are available online.
- ☐ **Alternate Testing Site (Outside Austin)**
 The K-16 Testing Center approves testing centers hosted by an accredited university or community college. Government issued Photo IDs will be required. Appointments may be required. Please contact your testing center to ensure your exam is ready and for available testing times in your 60-day testing window. Any proctoring fees charged by an alternate testing site are the sole responsibility of the examinee.

▶ EXAM TO BE PROCTORED/SUPERVISED BY:

Name & Title:		
School Name:		
School Address:		
Street		
City	State	ZIP
School Phone: ()		
Email:		

▶ SUBMISSION & CONTACT INFORMATION

Address: P.O. Box 7700 Austin, TX 78713-7700	Fax: (512) 475-7933	Website: www.utk16.org	Phone: (888) 232-4723 (512) 232-5000
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▶ PAYMENT

☒ **I am paying with a Money Order, Check or Credit Card: \$120.00**
 (Application must be accompanied by full payment to be considered complete.)

☐ **Money Order**
 (Attach. Payable to: The University of Texas at Austin.)

☒ **Check #:**
 (Attach. Payable to: The University of Texas at Austin.)

☐ **Credit Card**
☐ VISA ☐ Discover ☐ Mastercard ☐ AMEX

Number Exp Date

Cardholder Name (Print.)

☒ **I am paying with a Purchase Order: \$130.00**
 (Application must be accompanied by a Purchase Order to be considered complete. Vendor: K-16 Education Center, The University of Texas at Austin.)

▶ "TEXAS PORTION ONLY" EXAMS (SEE LIST ON LEFT)

Prior approval required by the TCP. You must have a current equivalent certification from a national purchasing association in order to test for a "Texas Portion Only" exam.

▶ TIME & MATERIALS

A two-hour maximum time limit is allowed for each exam. Students will be provided an answer bubble-in sheet, but are expected to bring their own #2 pencil for marking answers on them. Students are allowed to use a calculator during all exams except the CTCM exam. Students will need to bring their own non-programmable calculator to the Testing Center if they wish to use it during the exam.

▶ EXTENSIONS

A one-time 60-day extension is available for purchase. The extension must be purchased prior to the exam expiration date.

▶ EXAM RESULTS

The K-16 Education Center will mail you a grade report within 10 business days of exam grade posting. The actual exam will be sent to CPA. CPA will notify you via email with the official exam notice and information on how to apply for certification.

▶ TERMS OF AGREEMENT

In submitting this application, I agree to abide by the policies governing the Division of Continuing and Innovative Education's K-16 Education Center and The University of Texas at Austin. I agree not to distribute or release information or compromise the examination materials.

Applicant's Signature

 1/27/2016
 Date



K-16 Education Center

Continuing & Innovative Education

Comptroller of Public Accounts – Training and Certification Program (TCP)

Certification Testing Application

Exam must be taken within 60 days of enrollment. Exams are nonrefundable and nontransferable.

PERSONAL INFORMATION (PLEASE PRINT IN INK.)

997891	7-26-1957	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Affiliation Code	Birth Date	Check One
Name: Griffith	Ann	C
Last	First	MI
Address: 7212 Hartnell Drive		
Street	Apt #	
Austin	TX 78723	
City	State	ZIP
Phone: (512) 463-6110 (wk)	(512) 926-1984	
Primary	Secondary (hm)	
Email: agriffith@tsl.texas.gov		

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☐ CTP - Certified TX Purchaser

☐ CTPM - Certified TX Procurement Manager

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EXAM REQUEST: TEXAS PORTION ONLY (SEE REQUIREMENTS ON RIGHT.)

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School Address:		
Street		
City State ZIP		
School Phone: ()		
Email:		

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Number Exp Date

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Applicant's Signature  Date 1-29-2016

**Texas State Library & Archives Commission
Purchase Requisition & Blanket/Non-PR Form**

RECEIVED
FEB 01 2016
PURCHASING

Fiscal Year 2016

☒ Purchase Requisition (PR) ☐ Blanket/Non-PR*

Blanket PO#: _____

*CFO Signature not required for blankets.

PO #: 16- 4375

Division Tracking #: LDN 16-127

Previous PO #: _____

Encumbrance Number: _____

Requested Delivery Date: _____

Vendor Name: The University of Texas at Austin

Address: PO Box 7700

City, State, Zip: Austin, TX 78711-2516

Phone: _____ Fax: _____

Contact Name: _____

Email: _____

Vendor ID#: 12373972871-016

DUNS: 127688380

SAM Expiration Date: 01/26/2017

Item Description	Commodity Code	Qty	Unit	Unit Price	Total Amount	Index	Agency Object	Comp Object
+ Certification examination for - Certified Contract Management Test for Danielle Plumer.	924-20	1	EA	\$130.00 <u>120.00</u>	\$130.00 <u>120.00</u>	17112	7104	7210
+ Certification examination for - Certified Contract Management Test for Ann Griffith.	924-20	1	EA	\$130.00 <u>120.00</u>	\$130.00 <u>120.00</u>	17941	7104	7210
Subtotal					\$260.00 <u>240.00</u>			
Shipping & Handling					<u>\$0.00</u>	<u>if applicable</u>		
Grand Total					\$260.00 <u>240.00</u>			

Grant Number: LS-00-15-0044-15 – FFY 2015 • CFDA: 45.310 – Grants to States • Institute of Museum and Library
Special Instructions: Services.

Division Proprietary Statement (to be filled out if service or commodity will not be competitively bid)

Rose Willrich

1. Requestor or Contract Manager Signature (always required)

Rose Willrich 463-5432

Type name & phone number of Requestor or Contract Manager

Rose Willrich 02/01/16

2. Purchasing Liaison Signature Date

Michelle Fether 2/1/16

3. Division Director Signature (always required) Date

4. If IT related, send PR to Accessibility Team.

For Accessibility Team:

ADA Compliant: (Circle One) YES NO

5. Director or IRT (if required) Date

Donna Colborn 2/1/16

6. Executive Signature (if required) Date

Donna Colborn 2/1/16

7. Chief Fiscal Officer (always required)* Date

PJ Rodriguez CFP 2/8/2016

Ordered by Date

4/8/2016

Estimated Delivery Date

Received by (Signature) Date

Texas State Library & Archives Commission
Purchase Requisition & Blanket/Non-PR Form

CONFLICT OF INTEREST: Per Section 2155.003 of the Texas Government Code, by signing this PR, I certify that I have no interest in, or in any manner am personally connected with, the contract or bid to be awarded under this Purchase Requisition (PR) for the purchase of furnishing, supplies, materials, services, and/or equipment by TSLAC. I further certify that neither I nor any member of my family (spouse or dependent child), have nor will accept or receive from any person, firm or corporation to whom a contract or bid may be awarded, directly or indirectly, by rebate, gift, or otherwise, any money or other thing of value whatsoever, nor shall I/we receive any promise, obligation, or contract for future reward or compensation from any party. I acknowledge that I may be dismissed if it is discovered that I/we have violated the aforementioned statute.

If no vendor is designated by requestor on this PR, the Purchasing staff will notify all signatories for ratification of the above certification to ensure compliance with the statute.

Rev. 05/15/2015

Vendor Change Approvals:

Please initial and date accordingly

_____	1. _____	3. _____	5. _____	7. _____
Purchasing Signature	Date	2. _____	4. _____	6. _____